

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	*	31					52						
3							53						
4		1					54						
5		1					55						
6		31					56						
7		31					57						
8	1						58						
9		107					59						
10		107					60						
11		107					61						
12		107					62						
13		107					63						
14		1					64						
15		1					65						
16		1					66						
17		107					67						
18							68						
19							69						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	21	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	90	↓	15	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	111		17				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS